MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL	NO.		
10/	59	02	53

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL DEP.	2	4		4		4
TOTAL CLAIMS	8					

PTO - 1360 (REV. 11/04)

			AFTER		AFTER	
	AS FILED		1" AMENDMENT		2 ™ AMENDMENT	
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TOTAL IND.		♣				
TOTAL DEP.		 		-		—
TOTAL CLAIMS		38.4				

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